

### 3. Substance Abuse, Posttraumatic Stress Disorder and Women

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Acierno, R., H. S. Resnick, et al. (2003). "An acute post-rape intervention to prevent substance use and abuse." *Addict Behav* **28**(9): 1701-15.

The trauma of rape is routinely associated with extreme acute distress. Such peri-event anxiety increases risk of developing psychopathology and substance use or abuse post-rape, with the degree of initial distress positively predicting future problems. Unfortunately, the nature of post-rape forensic evidence collection procedures may exacerbate initial distress, thereby potentiating post-rape negative emotional sequelae. Consequently, substance use may increase in an effort to ameliorate this distress. To address this, a two-part video intervention was developed for use in acute post-rape time frames to (a) minimize anxiety during forensic rape examinations, thereby reducing risk of future emotional problems, and (b) prevent increased post-rape substance use and abuse. Pilot study data with 124 rape victims indicated that the low-cost, easily administered intervention was effective in reducing risk of marijuana abuse at 6 weeks. Nonstatistically significant trends also were evident for reduced marijuana use. Trends were also noted in favor of the intervention in the subgroup of women who were actively using substances pre-rape (among pre-rape alcohol users, 28% viewers vs. 43% nonviewers met criteria for post-rape alcohol abuse; among pre-rape marijuana users, the rates of post-marijuana use were 17% vs. 43%).

Back, S. E., S. C. Sonne, et al. (2003). "Comparative profiles of women with PTSD and comorbid cocaine or alcohol dependence." *Am J Drug Alcohol Abuse* **29**(1): 169-89.

This study examined differences in substance abuse severity, trauma history, posttraumatic stress disorder (PTSD) symptomatology and psychiatric comorbidity among treatment-seeking women (N= 74) with PTSD and either comorbid cocaine or alcohol dependence. Women in the cocaine/PTSD group, compared with the alcohol/PTSD group, demonstrated greater occupational impairment (e.g., greater severity on the employment subscale of the Addiction Severity Index, less monthly income, fewer days worked in past month), more legal problems (e.g., greater number of months incarcerated and arrests for prostitution), and greater social impairment (e.g., fewer number of close friends, less likely to be married). Women in the alcohol/PTSD group evidenced higher rates of exposure to serious accidents, other situations involving serious injury, and other extraordinarily stressful life events. Rates of major depression and social phobia were higher among the alcohol/PTSD group than the cocaine/PTSD group. Women in the alcohol/PTSD group scored higher on the CAPS avoidance, hyperarousal, and total subscale scores. The current findings enhance our understanding of the substance-specific profiles of women with PTSD and comorbid substance use disorders and may have important implications for the design of dual-diagnosis interventions.

Battle, C. L., C. Zlotnick, et al. (2003). Posttraumatic stress disorder and substance use disorder among incarcerated women. Trauma and substance abuse: Causes, consequences, and treatment of comorbid disorders. P. Ouimette and P. J. Brown, Washington, DC, US: American Psychological Association: 209-225.

In this chapter the authors review empirical findings regarding the two most prevalent psychiatric disorders found among incarcerated women: substance use disorder and posttraumatic stress disorder, as well as existing and developing treatments designed to address these complex interconnected problems. The authors also review the most common offenses leading to women's incarceration, sociodemographic characteristics of this population, and the connections among women's victimization, substance use, and criminality. The discussion of "incarcerated women" includes women detained in county jails (typically awaiting trial or convicted of misdemeanor offenses), women confined in state and federal prisons (typically serving longer sentences for felony convictions) and, when data are available, adolescent female offenders serving time in juvenile detention centers or training schools. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Burns, J. C. (2003). Use of the Rorschach to identify trauma in a sample of homeless and indigent women. Dissertation Abstracts International: Section B: The Sciences & Engineering. Vol 64(3-B): 1483.

The purpose of this study was to describe trauma-related Rorschach test scores of a homeless women sample with those of known Post Traumatic Stress Disorder (PTSD) and Borderline Personality Disorder (BPD) groups. Current research on homeless women shows them to be both vulnerable and needy. They have histories of past abuse, little social support, substance abuse, and mental illness problems. Literature on the Rorschach test demonstrates its usefulness in assessing trauma and identifying clusters of traits consistent with PTSD and BPD diagnoses. Current research indicates similarities between the clinical profiles of individuals with BPD and chronic PTSD, especially for adult survivors of sexual abuse. This archival descriptive study examined a sample of 18 homeless and indigent women in Berkeley, California using indicators of chronic trauma from Rorschach test data. The assessments were completed between 1999 and 2002 by graduate psychology students through the Homeless Assessment Project; a service training-program designed to provide local homeless with psychological evaluations for SSI benefits applications. Using the Exner method, the Rorschach means and standard deviations of common trauma indicator scores from the sample were compared with the scores from Exner's non-patient population, scores from four PTSD studies, and with Exner's (1986) BPD scores. Demographic data were also analyzed using descriptive statistics. The sample characteristics were consistent with the literature on homeless women, showing they had high rates of mental illness, with depression, BPD, and PTSD diagnoses most common. Most were abused in childhood (66%) and/or adulthood (77%). One third reported current substance abuse problems and 28% had dual diagnoses. Health problems and poor social support were also common. Rorschach analyses demonstrated many had problems with cognitive functioning, coping deficits, affective avoidance, negative expectations of interpersonal relationships, and poor self-perception. The Effect Size comparisons among trauma scores revealed that the sample was similar to PTSD and BPD groups, giving support to the link between PTSD and BPD for this small group of traumatized, homeless women. Results demonstrate the importance of

considering the unique needs of chronic trauma survivors in providing disability evaluations and community intervention services for homeless women. (PsycINFO Database Record (c) 2004 APA, all rights reserved)

Davis, T. M., K. R. Bush, et al. (2003). "Screening for substance abuse and psychiatric disorders among women patients in a VA health care system." Psychiatric Services Vol 54(2): 214-218.

Screened women Veterans Affairs (VA) health care patients for the prevalence of past-year smoking, hazardous and problem drinking, other drug abuse, and psychiatric disorders. Screening measures included questions about cigarettes, questions from the Alcohol Use Disorders Identification Test about consumption (hazardous drinking), a drug abuse screen, the Patient Health Questionnaire (psychiatric conditions), and the PTSD Checklist. 1,257 patients returned surveys with complete substance use data. Patients reported a relatively high rate of past-year smoking (29.1%) and hazardous drinking, problem drinking, or both (31.1%). The rate of past-year drug use was much lower (4.9%). Younger age was associated with greater substance abuse: 59% of women under age 35 screened positive for smoking, hazardous or problem drinking, or drug abuse. Screening positive for a psychiatric condition (N=504) was also associated with substance abuse: The rate of past-year drug abuse among women screening positive for a psychiatric condition (9.7%) was double the rate for the entire sample. Of the women who screened positive for depression, PTSD, eating disorders, or panic disorders, 57% screened positive for substance abuse (including smoking). (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Gearon, J. S., S. I. Kaltman, et al. (2003). "Traumatic life events and PTSD among women with substance use disorders and schizophrenia." Psychiatr Serv 54(4): 523-8.

**OBJECTIVE:** The authors assessed the prevalence of traumatic life events and posttraumatic stress disorder (PTSD) among women with schizophrenia or schizoaffective disorder and co-occurring substance abuse or dependence. The association between PTSD and specific traumatic life events was also examined. **METHODS:** Fifty-four drug-addicted women with schizophrenia or schizoaffective disorder participated in the study. All women were psychiatric outpatients and completed a large battery of structured clinical assessments. **RESULTS:** High rates of trauma, particularly physical abuse (81 percent), and revictimization--being abused both as a child and as an adult--were reported. The average number of traumatic life events reported was eight, and almost three-quarters of the sample reported revictimization. Rates of current PTSD were considerably higher than those documented in previous study samples of persons with serious mental illness and of drug-addicted women in the general community. PTSD was significantly associated with childhood sexual abuse and revictimization. **CONCLUSIONS:** The high levels of trauma and revictimization observed in the study highlight the need for the development of evidence-based interventions to treat trauma and its aftermath among women with schizophrenia or schizoaffective disorder. Given the overlap in symptoms between PTSD and schizophrenia, a better understanding is needed of how PTSD is expressed among people with schizophrenia. Recommendations and standards for the assessment of PTSD among this population need to be articulated. Finally, the comparatively high rates of PTSD suggest that the combination of schizophrenia or schizoaffective disorder and substance use disorder makes these women particularly vulnerable to adverse outcomes.

Green, B. (2003). "Post-traumatic stress disorder: symptom profiles in men and women." Curr Med Res Opin **19**(3): 200-4.

**OBJECTIVE:** To investigate the symptom frequencies of a relatively large sample of post-traumatic stress disorder (PTSD) sufferers and compare male and female symptom profiles. **RESEARCH DESIGN AND METHODS:** A total of 103 consecutive attendees at a clinic for PTSD were examined using a checklist of DSM-IV PTSD characteristics. The presence and absence of all symptoms was evaluated in a research interview. Some additional symptoms were also routinely asked about, such as mood lability, substance use, sex drive or libido. Symptom profiles of male and female sufferers of PTSD were compared using the chi-squared statistical test. **MAIN OUTCOME MEASURES:** Structured interview using checklist of DSM-IV PTSD characteristics. **RESULTS:** Certain symptoms were present in more than 30% of sufferers. Symptom frequencies for anxiety, insomnia, distressing and recurrent dreams, flashback imagery and intrusive thoughts, irritability, poor concentration, avoidance behaviour and detachment all reached frequencies above 70%. Some symptoms (such as inability to recall parts of the trauma and restricted affect) occurred in no more than 35% of sufferers. **CONCLUSIONS:** Men are significantly more likely than women to suffer with irritability ( $p < 0.05$ ) and to use alcohol to excess ( $p < 0.05$ ). Symptoms tend to follow an acute stress reaction, occur early and persist for many months. A case is made for restricting the diagnosis to the most prevalent symptoms and for including some often overlooked symptoms in the diagnostic guidelines, namely low mood, mood lability, and impaired libido.

Haller, D. L. and D. R. Miles (2003). Victimization and perpetration among perinatal substance abusers. Journal of Interpersonal Violence. **Vol 18**(7): 760-780.

This study examined associations between demographic, psychiatric, substance abuse, and childhood abuse variables and past 30-day victimization and perpetration among 77 perinatal substance abusers. Victimization rates were 70% emotional, 34% physical, 29% sexual, and 42% personal freedom violations. For perpetration, incidence was 71% emotional, 25% physical, 5% sexual, and 9% personal freedom violations. Through univariate regression, Addiction Severity Index (ASI) psychiatric and drug composite scores, childhood physical abuse, borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) were found to significantly predict victimization. In contrast, ASI psychiatric and drug composite scores, BPD, PTSD, and aggressive-sadistic and antisocial personality disorders were found to significantly predict perpetration. In multiple regression models, ASI drug and psychiatric composite scores accounted for the majority of the variance for both victimization and perpetration, suggesting that women with high ASI scores should be queried about their involvement in abusive acts at time of admission to drug treatment. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Messman-Moore, T. L.; P. J. Long (2003). The role of childhood sexual abuse sequelae in the sexual revictimization of women: An empirical review and theoretical reformulation. Clinical Psychology Review. **Vol 23**(4): 537-571.

There is widespread empirical evidence that child sexual abuse (CSA) survivors are at greater risk for sexual revictimization in adulthood, but less is known of the mechanisms

underlying this relationship. A recent influx of studies examines explanatory variables, with most focusing on the psychological sequelae of CSA: alcohol and drug use, sexual behavior, dissociation, posttraumatic symptomatology, poor risk recognition, and interpersonal difficulties. With the exception of sexual behavior, the studies reviewed here provide limited or mixed support for the role of intrapersonal factors in revictimization. Future research may benefit from a focus on the function of psychological distress that is expressed as psychological vulnerability, as opposed to individual forms of psychopathology or maladaptive behavior. An ecological framework may be a useful approach, as this model focuses on factors outside of the victim, including childhood factors such as family environment, contextual factors including the behavior of the perpetrator, and societal and cultural factors that impact revictimization. Future investigations should focus on the interaction between victim vulnerability and perpetrator behavior. Implications for prevention programming and clinical intervention. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Pulcino, T., S. Galea, et al. (2003). "Posttraumatic stress in women after the September 11 terrorist attacks in New York City." *J Womens Health (Larchmt)* **12**(8): 809-20.

**BACKGROUND:** Women have been shown to be at higher risk than men of developing posttraumatic stress disorder (PTSD) after traumatic events. Women in New York City were more likely than men to have probable PTSD 5-8 weeks after the September 11, 2001, terrorist attacks on the World Trade Center. We explored the factors that could explain the higher prevalence of probable PTSD among women in the aftermath of the attacks. **METHODS:** Data from a telephone survey of a randomly selected group of residents of Manhattan living south of 110th street, conducted 5-8 weeks after September 11, were used in these analyses. The survey assessed demographic information, lifetime experience of traumatic events, life stressors, social support, event exposure variables, perievent panic attacks, postevent concerns, and probable PTSD related to the attacks. We determined the contribution of key covariates that could explain the gender-probable PTSD relation through stratified analyses and manual stepwise logistic regression model building. **RESULTS:** Among 988 respondents, women were two times more likely than men to report symptoms consistent with probable PTSD after the September 11 attacks. When adjusted for potential confounders, the association between gender and probable PTSD diminished from OR = 2.2 (95% confidence interval [CI] 1.3-3.6) to OR = 1.2 (95% CI 0.7-2.2). **CONCLUSIONS:** These results suggest that specific behavioral and biographic factors (including previous traumatic experiences and psychological disorders, social responsibilities, and perievent emotional reactions) explained most of the excess burden of probable PTSD among women after a disaster. Isolating the characteristics that place women at greater risk for probable PTSD after disasters can inform public health prevention strategies and spur further research.

Romero-Daza, N., M. Weeks, et al. (2003). "'Nobody gives a damn if I live or die': violence, drugs, and street-level prostitution in inner-city Hartford, Connecticut." *Med Anthropol* **22**(3): 233-59.

Drawing on the tenets of critical medical anthropology, this article illustrates the relation between violence, drug use, prostitution, and HIV risk in a group of 35 impoverished women living in inner-city Hartford, Connecticut. The study presented here provides an illustration of

the role prostitution plays in the SAVA (Substance Abuse, Violence, and AIDS) syndemic as conceptualized by Singer (1996). By focusing on the life experiences of women engaged in street-level prostitution, this article attempts to fill the gaps in research that deals simultaneously with these mutually reinforcing epidemics. It shows that street-walkers' continuous exposure to violence, both as victims and as witnesses, often leaves them suffering from major emotional trauma. In the absence of adequate support services, women who have been victimized may turn to drug use in an attempt to deal with the harsh realities of their daily lives. In turn, the need for drugs, coupled with a lack of educational and employment opportunities, may lead women into prostitution. Life on the street increases women's risk for physical, emotional, and sexual abuse as well as their risk for HIV/AIDS. Exposure to traumatic experiences deepens the dependence on drugs, completing a vicious cycle of violence, substance abuse, and AIDS risk.

Simpson, T. L. (2003). "Childhood sexual abuse, PTSD, and the functional roles of alcohol use among women drinkers." *Subst Use Misuse* **38**(2): 249-70.

The present study investigated whether a history of childhood sexual abuse (CSA) or current post traumatic stress disorder (PTSD) was associated with alcohol-related expectancies and recalled effects of drinking reported by women in substance user treatment. The results indicate that CSA status was not associated with the alcohol-related expectancies or effects of drinking reported by women in substance user treatment. However, those currently manifesting PTSD were more likely than their peers without PTSD to report greater alcohol-related expectancies of tension reduction and having experienced greater positive enhancement from drinking. Theoretical and clinical implications of these findings are considered.

Suffoletta-Maierle, S., A.L. Grubaugh, et al. (2003). Trauma-Related Mental Health Needs and Service Utilization Among Female Veterans. *Journal of Psychiatric Practice*. **Vol 9**(5): 367-375.

Women constitute a growing segment of the military veteran population and researchers have begun to examine the extent to which their mental health needs are appropriately addressed within the Veterans Affairs (VA) healthcare system. Existing research documents high rates of both military and non-military trauma among female veterans; however, little has been done to examine the extent to which female veterans exposed to trauma receive treatment for trauma-related problems such as posttraumatic stress disorder (PTSD) and substance abuse within the VA system. This article reviews the literature documenting a high rate of trauma exposure among female veterans and examines evidence that trauma-related mental health problems, such as PTSD and substance-use problems, are under-diagnosed and under-treated among female veterans in VA healthcare settings. The few available studies examining general service utilization among female veterans are also reviewed, and implications for future research and clinical practice in the area of female veterans' trauma-related mental health needs and service use patterns are discussed... (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Thompson, K.M., R.D. Crosby, et al. (2003). "Psychopathology and sexual trauma in childhood and adulthood." *Journal of Traumatic Stress* **Vol 16**(1): 35-38.

This study evaluates the occurrence of psychopathology among 97 women (aged 20-55 yrs) who 1) experienced sexual abuse in childhood only, 2) were raped in adulthood only, 3) experienced both childhood sexual abuse and rape in adulthood, or 4) experienced no sexual

trauma. Women were recruited from advertisements and assessed using the Structured Clinical Interview for DSM-IV (SCID-I/P) and the Modified PTSD Symptom Scale Self-Report. Women who reported sexual trauma were significantly more likely to exhibit psychopathology than controls. Being sexually victimized in childhood and raped in adulthood was associated with a particular risk for substance dependence (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Ullman, S. E. and L. R. Brecklin (2003). "Sexual assault history and health-related outcomes in a national sample of women." Psychology of Women Quarterly **Vol 27(1)**: 46-57.

Examined correlates of past-year chronic medical conditions and lifetime contact with health care professionals for mental health and substance abuse problems in 627 women with differing histories of sexual victimization identified from the National Comorbidity Survey (e.g., assault in childhood, adulthood, or both life phases). Data indicate that posttraumatic stress disorder (PTSD) and stressful life events were associated with greater odds of chronic medical conditions among women sexually assaulted in childhood only. Additional traumatic events were associated with greater odds of chronic medical conditions among victims of adult sexual assault. Older age and being married were associated with greater odds of lifetime health care professional contact for mental health/substance abuse issues among certain victim subgroups. Stressful life events were related to greater help-seeking for child victims, and traumatic events were related to greater help-seeking in adult victims. Alcohol dependence symptoms and PTSD were each associated with greater odds of lifetime health care professional contact among women victimized in both life phases, whereas depression was related to greater odds of help-seeking for women victimized in one life phase only. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Van Den Bosch, L.M.C.; R. Verheul, et al. (2003). Trauma, dissociation, and posttraumatic stress disorder in female borderline patients with and without substance abuse problems. Australian & New Zealand Journal of Psychiatry. **Vol 37(5)**: 549-555.

Objective: To examine the associations of childhood traumatic experiences and childhood neglect with dissociative experiences and posttraumatic stress disorder (PTSD) in a population of female borderline personality disorder (BPD) patients with and without substance abuse. Method: The sample included 64 female patients with BPD. Childhood traumatic experiences and childhood neglect were measured using the Structured Trauma Interview, dissociative experiences with the Dissociative Experiences Scale, and PTSD with the Structured Clinical Interview for DSM-IV. Results: In general, dissociation scores were higher among those with a history of childhood trauma and neglect, in particular among those who reported both sexual and physical abuse before age 16, more than one perpetrator and severe maternal dysfunction. The prevalence of PTSD was clearly associated with the severity of childhood sexual abuse (CSA) in terms of the occurrence of penetration during CSA, intrafamilial CSA, a duration of CSA longer than 1 year and more than one perpetrator. Comorbid substance abuse problems modified the observed associations such that the associations mentioned above were also present or even more pronounced among those without substance abuse, whereas no associations were found in those... (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Zlotnick, C., S. E. Bruce, et al. (2003). "Social and health functioning in female primary care patients with post-traumatic stress disorder with and without comorbid substance abuse." Compr Psychiatry **44**(3): 177-83.

The present study examined whether post-traumatic stress disorder (PTSD) and comorbid substance use disorder (SUD) is associated with greater social and health morbidity than PTSD without SUD in a sample of female primary care patients. Participants were administered diagnostic interviews and assessed for work productivity, quality of interpersonal relationships, and degree of health functioning. No significant differences were found between the women with current PTSD and a comorbid lifetime substance use disorder (N = 56) and those with current PTSD and no lifetime substance use disorders (N = 60) in degree of work productivity, interpersonal functioning, and overall well-being and health, as well as number of lifetime medical illnesses. These findings suggest that the presence of comorbid SUD may not explain the level of social and health difficulties associated with the dual diagnosis of PTSD and SUD.

Zlotnick, C.; L. M. Najavits, et al. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: findings from a pilot study. Journal of Substance Abuse Treatment. **Vol 25(2)**: 99-105.

Treatment for comorbid substance use disorder (SUD) and posttraumatic stress disorder (PTSD) is of particular relevance for incarcerated women, whose rates of PTSD and SUD are considerably higher than women in the general population. Yet virtually no treatments have been developed or systematically evaluated that target concurrently the symptoms of PTSD and SUD in this underserved population. This preliminary study evaluates the initial efficacy of a cognitive-behavioral treatment, Seeking Safety, as an adjunct to treatment-as-usual in an uncontrolled pilot study of incarcerated women with current SUD and comorbid PTSD. Of the 17 incarcerated women with PTSD and SUD who received Seeking Safety treatment and had outcome data, results show that nine (53%) no longer met criteria for PTSD at the end of treatment; at a followup 3 months later, seven (46%) still no longer met criteria for PTSD. Additionally, there was a significant decrease in PTSD symptoms from intake to posttreatment, which was maintained at the 3-month followup assessment. Based on results from a diagnostic interview and results of urinalyses, six (35%) of the women reported the use of illegal substances within 3 months from release from prison. Measures of client satisfaction with treatment were high... (PsycINFO Database Record (c) 2003 APA, all rights reserved)

## **2002**

Brown-Peterside, P., L. Ren, et al. (2002). "Double trouble: violent and non-violent traumas among women at sexual risk of HIV infection." Women Health **36**(3): 51-64.

**BACKGROUND:** This study examines the association between trauma and HIV risk behaviors among women at sexual risk for HIV infection. **METHODS:** From April to August 1998, high-risk HIV negative women were recruited in the South Bronx into a year-long cohort study. At the 12-month visit, 116 women were interviewed face-to-face about recent and lifetime violent and non-violent traumas. **RESULTS:** The women reported a substantial prevalence of



sexual risk behaviors associated with the acquisition of HIV. At baseline, almost two-thirds (64%) reported unprotected vaginal sex in the previous six months, and in the previous year, 62% had smoked crack, 52% reported sex-for-money-or-drugs exchanges, and 47% had five or more male sex partners. The lifetime prevalence of trauma was high: 81% had experienced one or more violent traumas and 97% had experienced one or more non-violent traumas. Women who had experienced violent trauma--physical assault by a partner (OR = 2.88; 95% CI 1.12; 7.41)--and those who had experienced non-violent trauma--loss of a child to foster care (OR = 3.34; 95% CI 1.04; 10.65)--were more likely to use crack than others. Those who had experienced non-violent trauma, by witnessing a physical assault (OR = 2.31; 95% CI 0.99; 5.40), were also more likely than others to have exchanged sex. **CONCLUSIONS:** Both violent and non-violent traumas appear to play a role in the behaviors that place women at risk of HIV infection, particularly using crack and exchanging sex.

Glass, N. E. (2002). Factors that influence functional status in intentionally injured women. Dissertation Abstracts International: Section B: The Sciences & Engineering. **Vol 62(10-B):** 4465.

**Background.** Interpersonal violence results in severe injuries requiring treatment in emergency departments and trauma units. Previous studies indicate that women who seek care for intentional injuries are more likely than women who seek care for nonintentional injuries to be discharged without further treatment. Women's opportunities to obtain resources to ensure follow-up services in the community may be limited. Women who survive intentional injuries are discharged with histories of victimization, physical and psychological symptoms, and few resources to assist them to address the sequelae of violence. Few studies have examined how these factors influence functional status. **Objective.** To identify and explore factors that influence functional status in women who survived an intentional injury by an intimate or ex-intimate partner or another person. **Design.** A retrospective cohort design. **Measures.** The Women's Health Questionnaire was developed with previously validated instruments on severity of violence, physical and psychological symptoms, substance abuse, trauma recurrence, social support, and functional status. **Setting.** R Adams Cowley Shock Trauma Center, University of Maryland Medical System. **Participants.** Most of the 76 participants were young (18-45 years), African-American (70%), and living in poverty; 74% reported annual incomes of less than \$15,000. **Results.** The effects of violence (physical, psychological, psychosocial) explained 23.8% of the variance in functional status. Almost 60% of the women screened positive for posttraumatic stress disorder (PTSD), 36.8% reported a lifetime history of drug use, and 64.5% reported a lifetime history of intimate partner violence. Women reported that health care providers gave little attention to the mental health effects of violence and their capacity to fully participate in life; 62% of women assaulted by an intimate or ex-intimate partner were not referred to a domestic violence program or shelter. **Conclusions.** The effects of violence were the strongest predictor of functional status in intentionally injured women. Women reported serious PTSD symptoms, substantial substance abuse, and multiple traumatic events. They also reported that they had not been provided adequate resources to address the effects of violence. This study should challenge nurses and other health care professional to assess survivors of violence, intervene, and refer the survivors to community-based services that will enable them to maintain optimal functioning. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Lis-Turlejska, M. and M. Polak (2002). "Prevalence of traumatic events and posttraumatic symptomatology among alcohol dependent women." Polish Psychological Bulletin **Vol 33(2)**: 13-20.

Examined the prevalence of traumatic events among alcohol-dependent women, assessed posttraumatic stress disorder symptomatology, including symptoms of depression and anxiety, and ascertained whether the intensity of symptoms was related to length of treatment. The sample of 60 27-54 yr old alcohol dependent female outpatients was divided into patients who had been in alcohol dependence treatment for less than vs at least 1 yr or longer. The results show that 98.3% of the patients reported that they had experienced at least one traumatic "it happened to me" event. The highest rates of lifetime exposure were reported for physical assault, sudden unexpected death of someone close, life-threatening illness and sexual assault. The prevalence of traumatic exposure before dependence and since dependence was also examined, with the data showing a high prevalence of physical and sexual assault. For the 2 subgroups with a different length of treatment, the intensity of both anxiety and depressive symptoms were significantly lower in the subgroup undergoing longer treatment. That difference did not occur for the intensity of posttraumatic stress disorder symptoms. (PsycINFO Database Record (c) 2003 APA, all rights reserved)

Salomon, A., S. S. Bassuk, et al. (2002). "The relationship between intimate partner violence and the use of addictive substances in poor and homeless single mothers." Violence Against Women **Vol 8(7)**: 785-815.

This study examines the contributions of adult partner violence, childhood physical abuse and sexual molestation, post-traumatic stress disorder (PTSD), and partners' substance use on poor women's use of addictive substances. Utilizing a longitudinal data set, researchers found that women with histories of partner violence had nearly three times the odds of using illegal drugs at follow-up. Reverse causation (i.e., substance use increases the likelihood of violent relationships) did not explain the association. Confounding by childhood sexual molestation and mediation by PTSD also did not fully account for the violence-drug use link. Partners' substance use was independently related to women's follow-up drug and alcohol use. Program and policy implications are reviewed. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Simpson, T. L. (2002). "Women's treatment utilization and its relationship to childhood sexual abuse history and lifetime PTSD." Substance Abuse **Vol 23(1)**: 17-30.

A central issue in the substance abuse (SA) literature is whether a history of childhood sexual abuse (CSA) is a risk factor for poorer treatment outcomes. Although there is a strong belief that CSA is associated with increased SA treatment utilization and relapse among women clients, most empirical evidence does not support this position. This study exploring several possible explanations for the link between CAS and SA treatment utilization among a sample of 72 women (mean age 38.3 yrs) in alcohol treatment. All Ss met the diagnostic criteria for alcohol dependence and 73.6% also met the diagnostic criteria for drug abuse. All Ss were interviewed with respect to their CSA experiences, posttraumatic stress disorder (PTSD) status, and mental health and SA treatment utilization histories. Unexpectedly, women with more severe histories

of CSA were likely to have received less lifetime SA treatment, although they were likely to have received more mental health treatment. In addition, the expected interaction between PTSD status and CSA status and increased rates of both types of treatment was not found. However, Ss with both PTSD and CSA concentrated on mental health treatment while those with only PTSD focused on SA treatment. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

## **2001**

Nishith, P., P. A. Resick, et al. (2001). "Sleep difficulties and alcohol use motives in female rape victims with posttraumatic stress disorder." Journal of Traumatic Stress **Vol 14(3)**: 469-479.

Assessed the relationship between sleep difficulties and drinking motives in female rape victims with posttraumatic stress disorder (PTSD). 74 participants (aged 18-72 yrs) were assessed for PTSD symptoms, depression, sleep difficulties, and drinking motives. Results demonstrate that neither PTSD symptoms nor depression are related to any motives for using alcohol. On the other hand, after controlling for education, sleep difficulties are significantly related to drinking motives for coping with negative affect, but not pleasure enhancement or socialization. The findings suggest that sleep difficulties may be an important factor contributing to alcohol use in rape victims with PTSD. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

Teusch, R. (2001). "Substance abuse as a symptom of childhood sexual abuse." Psychiatric Services **Vol 52(11)**: 1530-1532.

The recovery process of a 37-yr-old woman with adult onset posttraumatic stress disorder (PTSD) is presented. The patient had suffered childhood sexual abuse and had self-medicated for many years with drugs and alcohol to maintain the dissociation of memories of abuse and to facilitate interpersonal functioning. Upon onset of PTSD, the patient's substance abuse became a full-blown addiction that was highly resistant to treatment. It became evident that her substance abuse symbolically repeated her traumatization. In reexperiencing the affects associated with her earlier trauma (despair, denial, shame, and helplessness) as part of her substance abuse and in the transference, the patient was able to gain mastery over these affects and, subsequently, was able to achieve a stable recovery from both illnesses. (PsycINFO Database Record (c) 2003 APA, all rights reserved)